

ARCHITECT EXAMINATION APPLICATION

INSTRUCTIONS AND PROCEDURES

Registration as an architect in Washington State is based on qualifications and experience. Qualifications are verified by the successful completion of examination whereas experience is verified by documentation of education and practical work experience. The board has adopted the national Architect Registration Examination (A.R.E.) developed by the National Council of Architectural Registration Boards (NCARB) as the state examination. The oral examination, given upon successful completion of the A.R.E., consists of a review of the applicant's practical work experience, and demonstration of a thorough understanding of the Washington architect law and rules and the individual responsibility to safeguard life, health and property and promote the public welfare. The board may set aside the oral examination based on certification by NCARB or successful completion of the Intern Development Program (I.D.P.).

Applicants must successfully complete the entire examination within a five-year period. Candidates may retake failed divisions of the exam, but may not carry passing scores forward beyond the five year limitation. Applicants may begin the examination process at any time following approval of the application.

Applicant Qualification Requirements

An applicant must be of good moral character, at least 18 years of age, and:

1. Applicants with an accredited architectural degree (B/ARCH or M/ARCH) must have a minimum of three years of practical work experience approved by the Board. At least two years of that practical work experience must be under the supervision of a U.S. or Canadian registered architect. The remaining one year of practical work experience may be related work experience. Practical architectural work experience is defined as performance of those activities involved in the practice of architecture as listed in the definition of practice in the architect law, RCW 18.08.320(10). An accredited architectural degree is a professional degree received from a school that is accredited through the National Architectural Accrediting Board (N.A.A.B.). Canadian professional degrees must be certified by the Canadian Architectural Certification Board (C.A.C.B.). The applicant must provide an official transcript with the application.
2. Applicants without an accredited architectural degree must have eight years of practical work experience. A minimum of four years of the eight-year requirement must be under the direct supervision of a U.S. or Canadian registered architect. The remaining four years may be related work experience.

3. The board standard for education evaluation is in Table A of the **NCARB Education Standard for Certification**. Individual questions concerning equivalent educational credit or evaluations of credit should be addressed to the office staff at (360)664-1388. In all cases of applying for education credit, official transcripts with the registrar's stamp are required. Photocopies of transcripts will not be accepted.
4. Completion of the NCARB Intern Development Training Program (IDP) became mandatory on July 29, 2001.

Application Procedures

1. Contact NCARB to order your IDP record. It should be mailed directly to the Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.
2. Submit the following documents to the Washington State board office:
 - A. Completed application form to include the signature section on page 4 with the current application fee. Mail to Board of Registration for Architects, P.O. Box 9048, Olympia, WA 98507-9048. (Application fees will not be refunded.)
 - B. Transcripts and Employment and Experience Summary forms (if needed) are to be mailed to Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.
 - C. Applicants will be notified of any deficiencies or missing documents in their application.

Notice of approval will be sent on completion of the application. Notice of admission for examination will be mailed from NCARB to the candidate with instructions on how to contact the testing facility.

Examination Information

The Architect Registration Examination has nine separate divisions:

Division PD	Pre-Design
Division SP	Site Planning
Division BP	Building Planning
Division BT	Building Technology
Division GS	General Structures
Division LF	Lateral Forces
Division ME	Mechanical & Electrical
Division MM	Material & Methods
Division CD	Construction Documents & Services

It is imperative that you notify us in writing of any changes in address or telephone numbers while you are in the application and examination process.

Reciprocity application instructions on page 2.

ARCHITECT RECIPROCITY APPLICATION

INSTRUCTIONS AND PROCEDURES

Applicant Qualification Requirements

- A current architect license in good standing in another state, province or recognized jurisdiction. A “recognized jurisdiction” must be a member of the National Council of Architectural Registration Boards (NCARB).
- Evidence that their qualifications and experience are equivalent to those required under RCW 18.08.350.
- Satisfactorily complete a written examination as required by Washington State. All applicants must show evidence of meeting seismic requirements. Seismic requirements were included in NCARB examinations as follows: California in 1936; Nevada in 1960; Alaska, Arizona, Colorado, Guam, Hawaii, Idaho, Montana, Oregon, Utah, Washington, and Wyoming in 1963; all other states in 1965. Applicants that cannot document completion of seismic requirements may be required to complete Division LF (Lateral Forces) of the Architect Registration Examination (A.R.E.).
- A typed, double-spaced summary analysis of the Washington State architect law and rules. The analysis should be written section by section in sufficient detail to show full understanding. The summary must be signed, including a statement that it is the applicant’s own work.

*Applicants **without** NCARB Council Records must submit all of the following documents to the board office:*

1. Completed application form.
2. Reciprocity application fee and initial two-year registration fee. Make check payable to Washington State Treasurer and mail to Board of Registration for Architects, P.O. Box 9048, Olympia, WA 98507-9048.

In addition, the following documents should be mailed to Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.

- a. Official college transcript indicating degree awarded (Not needed if licensed more than 8 years).
- b. Current state certification and certification of written examination from the jurisdiction granting original registration, including verification of completion of seismic requirements.
- c. Documentation of practical work experience for a minimum of three years on forms provided. If the applicant does not have an accredited degree, documentation of qualifying work experience totaling at least eight years must be submitted. (Not required if licensed more than 8 years)
- d. Written summary of Washington law and rules.

*Applicants **with** NCARB Council Records must submit the following documents to the board office:*

1. Application form with pages 3 and 4 completed.
2. Reciprocity application fee and initial two-year registration fee. Make check payable to Washington State Treasurer and mail to Board of Registration for Architects, P.O. Box 9048, Olympia, WA 98507-9048.
3. Written summary of Washington law and rules. Please contact the board office for the summary instructions. Please order your NCARB Council Record. It should be sent directly to Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.

Oral Interviews

An oral interview is required of reciprocity applicants. The board may set aside this requirement for applicants with NCARB “Blue Cover” certificate.

Applicants From Another Country

Applications for reciprocity from another country will be reviewed by the board to determine if the applicant’s qualifications are equivalent to those required under Washington law. Applicants must have passed an examination for licensure equivalent to the NCARB examination.

Applicants with a college degree from a foreign country may request that an educational evaluation report be prepared. You should request an EESA comprehensive evaluation report which compares your educational credentials with the NCARB educational requirements. If you wish an educational evaluation you should submit a written request to:

Educational Credential Evaluators, Inc.
Attn: Executive Director
P.O. Box 92970
Milwaukee, WI 53202-0970
Phone: (414) 289-3400

Licensing Information

Your license will be issued after successful completion of the oral interview or approval from the board to set aside the oral interview requirement. A wall certificate suitable for framing will follow in approximately 60 days. It is important that you notify our board office of any address change to insure receipt of renewal notices. Please contact our board office at (360)664-1388 if you have any questions.

Mailing Instructions

The application, application fee, and initial licensing fee must be mailed to:

Board of Registration for Architects
P.O. Box 9048
Olympia, WA 98507-9048

All other supporting documents must be mailed to:

Board of Registration for Architects
P.O. Box 9045
Olympia, WA 98507-9045



INITIAL APPLICATION FOR ARCHITECT REGISTRATION

FOR VALIDATION ONLY

003-070-208-0000

Method by which applying (check one):

☐ EXAMINATION

☐ RECIPROCITY

Please type or print clearly in dark ink

(Print your name as you wish it to appear on your certificate)

Make remittance payable to: State Treasurer
Send this application with your remittance to:
Board of Registration for Architects
PO Box 9048
Olympia, WA 98507-9048

Personal Information

Name (Last, First, Middle)		Maiden Name (If Applicable)		Gender (F or M)	Date of Birth (Month, Day, Year)
Street Address				Social Security No.*	
City		State	Zip Code	County	
Telephone No. (During Normal Business Hours) ()		FAX No. ()		Home Telephone No. (Optional) ()	
If Applying by Reciprocity, Indicate State of Current Registration	Reg. State	Date of Original Registration		Registration No.	
Seismic Requirements Completed in (State and Date)			If NCARB Certified, Enter Certification No.		

* State Law, RCW 26.23.150, requires all applicants to furnish their Social Security Number when applying for this license. If this application is for a business that is a sole proprietorship, the proprietor must furnish his/her Social Security Number. An application with incomplete information will not be processed.

Educational Background

Name of Colleges, Universities, Technical Schools	Location	Dates of Attendance From/To		Degree

Licensing and Legal History

- Have you ever been convicted of a felony or misdemeanor other than a traffic violation? ☐ YES ☐ NO
- Has your registration been revoked, suspended, or denied in any licensing jurisdiction? ☐ YES ☐ NO
- Have you received any disciplinary action in another jurisdiction? ☐ YES ☐ NO

If answer to any of the above is YES, attach explanation on a separate sheet. (8-1/2" X 11" sheet)

GIVE FULL NAME AND COMPLETE CURRENT ADDRESS OF EMPLOYER. INCLUDE SELF EMPLOYMENT AND MILITARY SERVICE.	Period of Employment		Length of Time		NATURE OF SERVICE PERFORMED MAGNITUDE OF PROJECTS, MAJOR DUTIES
	MO.	YR.	Full Time	Part Time	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
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	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
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	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
if additional space is required, please attach on 8-1/2" X 11" sheet.	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	TOTAL		MOS.	MOS.	

* For full time credit, an applicant must work at least 35 hours per week for a minimum period of ten consecutive weeks. For part time credit, an applicant must work at least 20 hours per week in periods of six or more consecutive months.

I hereby authorize any business associates (past and present) and any governmental agencies (local, state or federal) to release any information, files or records which may be required for a background investigation, to the Department of Licensing.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. Should I furnish any false information in this application, I hereby agree that such act may constitute cause for the denial, suspension or revocation of my license to practice in the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X
SIGNATURE

DATE AND PLACE _____



ARCHITECT APPLICANT EMPLOYMENT AND EXPERIENCE SUMMARY

Please check one: ☐ EXAM ☐ RECIPROCITY

Overview

The individual whose name appears below has applied to the Board for architectural registration. As a former supervisor, the information you provide will be used to determine the applicant's eligibility for entrance into the examination process or for reciprocal registration. Entrance to the examination may depend on this experience, so specific dates are important.

Employment Verification

Applicant's Name																					
Address (Street, City, State, Zip)																					
Worked Under My Supervision at (Name of Firm)																					
From (Month, Day, Year)	To (Month, Day, Year)	Total Calendar Months	Total Months Part-time (And Hours Per Week)	Total Months Full-time																	
<p>Percentage of Time In The Following Activities:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Programing Client Contact</td> <td><input type="checkbox"/> Engineering Systems Coordination</td> </tr> <tr> <td><input type="checkbox"/> Site and Environmental Analysis</td> <td><input type="checkbox"/> Specifications and Materials Research</td> </tr> <tr> <td><input type="checkbox"/> Schematic Design</td> <td><input type="checkbox"/> Document Checking and Coordination</td> </tr> <tr> <td><input type="checkbox"/> Building Cost Analysis</td> <td><input type="checkbox"/> Bidding and Contract Negotiations</td> </tr> <tr> <td><input type="checkbox"/> Code Research</td> <td><input type="checkbox"/> Construction (Office)</td> </tr> <tr> <td><input type="checkbox"/> Design Development</td> <td><input type="checkbox"/> Construction (Observation)</td> </tr> <tr> <td><input type="checkbox"/> Construction Documents (Graphic)</td> <td><input type="checkbox"/> Office Management</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Project Management</td> </tr> </table>						<input type="checkbox"/> Programing Client Contact	<input type="checkbox"/> Engineering Systems Coordination	<input type="checkbox"/> Site and Environmental Analysis	<input type="checkbox"/> Specifications and Materials Research	<input type="checkbox"/> Schematic Design	<input type="checkbox"/> Document Checking and Coordination	<input type="checkbox"/> Building Cost Analysis	<input type="checkbox"/> Bidding and Contract Negotiations	<input type="checkbox"/> Code Research	<input type="checkbox"/> Construction (Office)	<input type="checkbox"/> Design Development	<input type="checkbox"/> Construction (Observation)	<input type="checkbox"/> Construction Documents (Graphic)	<input type="checkbox"/> Office Management	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Project Management
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<input type="checkbox"/> Other: _____	<input type="checkbox"/> Project Management																				
Comments																					
While The Above Applicant Was Under My Supervision My Professional Status Was as Follows:																					
Name of Firm																					
Address (Street, City, State, Zip)																					
Position in Firm			Telephone No. ()																		
Major Product or Service of Firm																					
State of Registration	Architect License No.		Date of Registration																		
Signature X			Date																		
Print or Type Name																					